

Supplier Waiver Request Process: (<http://www.avoxsys.com/supplier-support>)

- Per FAA policy, Avox Systems Inc. cannot accept Supplier Waiver Requests for TSO/PMA parts
 - o Before completing the Supplier Waiver Request, go to:
 - <http://www.avoxsys.com/customer-support/product-approvals.html>
 - and perform a search at the component level, per AVOX Part Number to determine if the part is PMA / TSO approved
 - o If the supplied part is PMA / TSO approved, then AVOX CANNOT and WILL NOT accept a supplier waiver.
- This Supplier Waiver Request (SWR) form is in and Editable Format.
- To use this form:
 - o Save the SWR form to your desktop or a working location connected to your computer.
 - o Use the following file format when saving the form for a specific request:
 - F_0250W_QA_CompanyName_Date of Request
 - When adding the *Date of Request* to the file name, use the YYMMDD format.
 - o Complete the form and save.
 - Once complete, be sure the form is saved in the above mentioned file format using the “Save as” function.
 - **NOTE:** When using ADOBE Pro to complete the form, DO NOT use the “Save a Copy” function when saving the completed form. Doing this will remove the Extended Form features, and may no longer allow saving of the completed form.
- Supplier Waiver Requests WILL NOT be charged against the Supplier’s quality performance, unless they are incorrectly processed (i.e. if submitted after the shipment is sent to AVOX). The SWR must be submitted to an AVOX Quality Engineer and copied to the AVOX Buyer for approval, PRIOR TO SHIPPING PRODUCT!
- Upon receipt of a SWR, AVOX Quality Engineering will evaluate the request to decide if the waiver is acceptable.
- Shipments accepted on waiver must include a copy of the approved SWR with the shipment. Material received at AVOX without the approved SWR will be processed as discrepant material, where the standard Material Variant Report (MVR) process will be applied, and the supplier quality performance will be affected.

**AVOX Systems**

SUPPLIER WAIVER REQUEST

Please complete and return to the appropriate AVOX Systems representative as soon as possible.

Supplier Name: _____ Date: _____

Address: _____

AVOX Part No. _____ AVOX Drawing Nbr. _____ Rev. _____

AVOX PO Nbr. _____ Supplier Part Nbr. _____

Mfg Date: _____ Qty of Lot: _____

Lot/Batch Nbr. _____ Cavity(s) Nbr. _____

Serial Numbers: _____

	AVOX Drawing Requirement with Tolerance:	Actual Measurement
1		
2		
3		
4		
5		

Reason for waiver request: _____

Corrective action for future lots: _____

Comments: _____

Supplier Rep: _____ Title: _____ Signature: _____

Phone: _____ Fax: _____ eMail: _____

FOR AVOX USE ONLY:

SWR#: _____

MRB DISPOSITION	ITEM	ENGR. REP.	DATE	QUALITY REP.	DATE
USE AS IS					
UNACCEPTABLE					
ACCEPTABLE TO SALVAGE UNITS					
REPAIR					

DISPOSITION INSTRUCTIONS: _____

COMMENTS: _____